



State of New Hampshire, Department of Education
 Bureau of Credentialing
 101 Pleasant Street
 Concord, N.H. 03301
[Click here for the Help Desk](#)

For Bureau of Credentialing use only:	
Date Received:	_____
Fee amount:	_____
Check #:	_____

DOE RENEWAL APPLICATION - Educator

INSTRUCTIONS: This is a fillable form, please type directly into it, print and sign before mailing. Fields with an * are required.

PAYMENT: Enclose non-refundable processing fee based on the fee schedule on Page 4 of this application. Payment options accepted: Cash, money order, cashier’s check, or employer check on behalf of applicants, made payable to "Treasurer, State of New Hampshire". See [Fee Schedule](#) on Page 4 of this form, or on our website for all fees.

Note: Please add an additional \$50.00 late fee for renewing an expired license.

Social Security Number (optional) - - EdID# (if known)

The applicant agrees that the social security number shall be used to search the "National Association of State Directors for Teacher Excellence and Certification (NASDTEC)" Clearinghouse in accordance with Ed 505.07(d)

Name:

***First Name *MI *Last Name Former name**

Gender: Male Female ***Date of Birth**

Are you: (check one) No, not Hispanic or Latin Yes, Hispanic or Latino

What is your race? (Indicate one or more)

Years educator experience

Public Private

Years educator experience – Out of State

Public Private

*** Mailing Address:**

Street / PO Box City State Zip

*** Primary Telephone number Alternate Telephone**

***Primary email Address *Alternate email address**

If you have entered your Professional Development online in EIS and are using this form to pay by check/money order or with cash at the office, please enter "COMPLETED ONLINE" in Section A. **Sections B (Individual Professional Development Plan - IPDP) and C (misconduct questions) are required for all paper applications.**

PLEASE BE SURE TO UPDATE YOUR NAME AND MAILING ADDRESS ABOVE. State mail is not forwarded and your certificate will be "returned to sender" if mailed with outdated information.

Section A
(indicate if Professional Development already entered online in EIS)

<u>30 Continuing Education Units specific to each endorsement</u> Additional sheets may be attached if necessary.				
Activity Type	Date(s)	# of Hours	Activity Title/Description	Provider/Location

<u>45 Continuing Education Units aligned with Ed 505.07 Professional Education</u> Additional sheets may be attached if necessary.				
Activity Type	Date(s)	# of Hours	Activity Title/Description	Provider/Location

<u>Section B (Required)</u>	
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN	
Goals for <u>next</u> 3 year renewal cycle	
PERIOD OF PLAN: 20____ - 20____	ENDORSEMENT AREA(S):

- What are your goals for satisfying the requirement for 30 continuing education units for each endorsement area in which you are certified? How do you anticipate the activities could affect student learning?

- What are your goals for satisfying the requirement for 45 hours aligned with Professional Education Requirements (Ed 505.07) ? How do you anticipate the activities could affect student learning?

- Describe how your Individual Plan (IPDP) is linked to the NH Department of Education Statewide Professional Development Master Plan http://education.nh.gov/certification/statewide_prof.htm or for employed Superintendents, your local Professional Development Master Plan.

Section C *

PLEASE CHECK APPROPRIATE ANSWERS

*Have you ever held a New Hampshire certificate?	Yes	No
If yes, what year did it expire		
		and under what name
*Have you ever been convicted of a felony?	Yes	No
*Have you ever had a teaching credential revoked?	Yes	No
*Have you ever surrendered your teaching credential in any other state or country?	Yes	No
*Are you currently being investigated in any other state?	Yes	No

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH AN EXPLANATION

<input type="checkbox"/>	By checking this box, I certify that I have read the Educator Code of Ethics. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_ethics.pdf
<input type="checkbox"/>	By checking this box, I certify that I have read the Educator Code of Conduct. In so certifying, I understand that the Educator Code of Conduct, Ed 510 sets forth 4 Principles: (1) Responsibility to the Education Profession and Educational Professionals; (2) Responsibility to Students; (3) Responsibility to the School Community; and (4) Responsible and Ethical Use of Technology, which as a certified educator, I am obligated to follow. A founded violation of any of the principles of the Educator Code of Conduct may result in a written reprimand, suspension or revocation of my Educator credential. Additionally, in so certifying, I understand that pursuant to Ed 510.05, I have a duty to report any suspected violation of the code of conduct. Failure to report a suspected violation of the Educator code of conduct may result in a written reprimand, suspension or revocation of my Educator credential. https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/code_conduct.pdf

*I hereby certify that I am the individual listed in this application, and that all information provided herein, including all accompanying documentation, is true, accurate, and complete to the best of my knowledge.

*SIGNATURE

*DATE

Please do not submit supporting evidence documents at this time. You may be contacted to provide verification of Professional Development activities if you are selected for a renewal audit.

Table 505-1 Fee Schedule

*All fees are non-refundable and include processing fee.	
Approved Educator Preparation Program BEL/EEL (per endorsement)	\$120.00
Site Based Licensing Plan	
Statement of Eligibility (per endorsement)	\$50.00
Intern Authorization (per endorsement)	\$120.00
Upgrade to BEL/EEL (per endorsement)	\$120.00
Demonstrated Competencies Portfolio/Oral Board	
Materials (per endorsement)	\$50.00
Portfolio Review/Oral Board (per endorsement)	\$500.00
BEL/EEL (per endorsement)	\$120.00
Demonstrated Competencies National/Regional exam/licensure BEL/EEL (per endorsement)	\$120.00
Demonstrated Competencies Transcript Analysis BEL/EEL (per Administrative endorsement)	\$500.00
Demonstrated Competencies Experience under Out of State License BEL/EEL (per endorsement)	\$120.00
BEL/EEL/Master Teacher License Renewal (3 year cycle)	\$120.00
Master Teacher – National Level (per endorsement)	\$120.00
Master Teacher – NH Level (per endorsement)	\$800.00
Late Renewal Filing Fee (BEL/EEL/Master Teacher only)	\$50.00
Paraeducator I	\$10.00
Paraeducator II	\$10.00
Paraeducator I and II Renewal (3 year cycle)	\$10.00
School Nurse I - 3 years with one time renewal	\$75.00
School Nurse II	\$0.00
School Nurse III	\$75.00
School Nurse I, II, III Renewal (3 year cycle)	\$75.00
Educational Interpreter/Transliterator	\$25.00
Educational Interpreter/Transliterator Renewal (3 year cycle)	\$25.00
Criminal History Record Check Clearance (5 year cycle)	\$100.00
Name Change	\$50.00
Credential Verification Letter	\$25.00
Emergency Authorization (per endorsement)	\$120.00
Returned check fee (RSA 6:11-a)	\$15.00 (State Treasurer's fee) \$25.00 (Bureau of Credentialing fee)